Adult Group

Accountability/Outcomes

- Mental Health Reform 2.0-Bring the entire system together
- People stuck in NFMH's who don't need to be there
- 1115 waiver—what's up with it and how does it inform our work? If not approved, the next round needs our input!! Need to review best models from other states….Texas and California
- Look at all funding that is going into state agencies for Mental Health. Is there duplication? Programs that need to be replicated? Programs run by the best people to do so?
- Do we have the best programs for transitional aged youth? Is there data showing these people are staying out of mental health or other services?
- Single statewide data outcome reporting system.
- NFMH discharge planning and preparation
- Investment in supervisors who can teach best practices and provide field mentor, to ensure skill proficiency is being achieved.
- Lack of follow-up services
- Lack of support systems
- Why is there not a wrap-around intervention model for adults?
- Who/What team owns the management of the person? (Quarterback? Team: Counselors, Parole officers, Psychiatrists, Social workers, and Nurses)
- Need to look close at individual client data to ensure people are actually improving and moving closer to leaving the MH system.
- Centralized state-wide behavioral health leadership is needed to increase consistency and facilitate transitions between systems.

Crisis

- Lack of regional availability of crisis beds

Community Solutions

- Standardized discharge planning is needed to facilitate transitions
- Communities don't always know how they can help

- Need for best possible jail diversion programs.
- Lack of involvement of family and natural supports in treatment and eventual discharge
- Prevalence of SUD in families needs to be addressed.
- Information sharing needs to be universal between state agencies and MHCs. Might require a statutory change.

Accessibility

- Time frames for access to mental health services takes too long for low-income/individuals to access
- Community-based services are being reduced
- Too much responsibility on consumer to navigate complex systems
- Improved collaboration between KDOC and CMHC regarding transitions and maintaining in community.
- Increased engagement efforts of persons with mental illness not in system.
- Revising state Medicaid plan regarding services it will pay for.
- Immediate access is related to outcome
- Accessibility for all effective services for people who are uninsured
- Access to appropriate medication
- DOC—SSI application prior to release; Medicaid card active prior to release
- Access to appropriate medication
- Medicaid card should remain active across settings, regardless of Federal match.

Prevention and Early Intervention

- Little efforts toward prevention. Research programs that are effective working with people who experience first episodes of psychosis, mania, and depression.
- Universal SUD screening. $$ not available (some are)
- Economic savings in one are documents not mean that money is not needed in other areas to make services available.
- Dedicated prevention efforts in all settings providing Behavioral Health services

- Correctional: Front end of system—what models, pilots, initiatives exist or should with courts (special MH courts?) Unique/improved diversion into RX, etc.
- Reducing stigma
- Access & Engagement0early ID & referral with street level, gate keepers, peer to peer, natural helper systems. How to improve via natural helpers street level workers, psychological 1st aid, etc. etc.
- Workforce development needs…Broad topic! Related to above—especially in regard to integrated delivery across agency, organizational boundaries.

Evidence-Based Practices (EBP)

- People with mental illness have low emp.rates. Adults need access to evidenced based programs to get and keep jobs.
- EBPs not available in all CMHCs that could improve outcomes
- Need for evidenced Based/Quality services
- Services to those with addictions need to be integrated
- Lack of fidelity standards for some practices being used. Data not supporting some program being used.
- Need for better models of Improvement or quality improvement efforts
- Lack of cost/beneficial studies
- Not all components of EBP's are reimbursable
- EBP do well when funded adequately how can these be funded better
- Need to review utilization of special professional groups (e.g. MFTs), mid-level practitioners, outreach/case managers especially in regard to home and family based delivery of services, compensation, etc.

Primary Healthcare

- Why don't we have mental health homes?
- Need to define protocols around what we mean by integration and coordination (behavioral antecedants)
- People with Severe Mental Illness die approximately 25 years earlier than general population. Need efforts that integrate physical and behavioral health.

CHILDREN'S GROUP

Those currently in the Mental Health system

-Accountability

*Trust revolving door of Therapist

*Problem of children and youth with medical cards that originate in one county but need services in others.

*Standardization of mental health forms.

-Continuum of Care

*Better transition out of DCF care.

-Partnership

*Testing Driven School System. (The nature of the school environment is one of over stimulation and schedule change. Difficult from those from trauma experience to be secure and not act out.

Currently those at Risk

-prevention

-Holistic bio-psycho-social-spiritual education

-accessibility

*Education for prevention regarding healthy relationships (parenting) and healthy sexuality (education to prevent inappropriate sexual behaviors)

*Problem of first responders not trained to recognize or intervening with children or youths with SMI. Crisis Intervention teams training for law enforcement and others.

*Trying to get kids to services. Bring services to the kids-Therapy in schools—Especially schools with high percentage of at risk kids.

*reaching children/families to address concerns—start early and use whole health including mental health scenery across systems who work with all children and families.

Not Being Reached

-Statewide/consis.

*Children/youth psychoeducational

*minimum standards

**State education has some very good programs for parents, but none of them are state-wide. If early development is key, we should have parent programs all over state and have them be mandatory.

-Formalized partnerships

-Acces.

**Integration of education and mental health (psyched)

-Changing perceptions /creating contexts of health

**How can we support or encourage or "leally insist" those struggling with BH concerns get/engaged in BH services (families and children)

**Children and youth uneducated about mental disorder but familiar with the stigma.

**Educate children and youth early and normalize getting help.

**Not Being Reached—Behavioral health screenings need to occur in schools and other systems early-often.

-Prevention

All 3 Groups

Prevention

- Early assessments to all pregnant mothers-offer services
- Parenting supports/resources. Ensure basic needs are met on 1st level of Maslow's Hierarchy of Needs.
- What is the appropriate age to start educating children about what mental illness is? What depression is?
- Is there medical intervention to access over medication of children in all 3 categories? (i.e. Boys Town)
- Family engagement relationships
- Reaching children/families to address concerns
- Start early and use whole helath—including mental health screening across systems who work with all children.
- Preventaitve interventions prior to MH diagnosis and allow billing.

Law/Policy

- Billing codes that eliminate other lproviders/services for being provided outside of CMHC.
    - Change the billing codes.
- Social workers presenting overviews of a child's diagnosis when they are not qualified to make that assessemtnor recommendation.
    - Judges need to hear from trained professionals
- Important to have funding entities-like insurance, etc. to accept providers-who are licensing in the state, i.e. feds
- Secure Care/Chronic Runners
    - Many judges are hesitant to order secure care for males and therefore they run and are at risk.
        - 6 months in secure care
        - Females-secure care facilities
        - Males-Detention facility (Temporary Incarcration)
        - For J.O & Not cinc/up to 90 days
- Billing codes or alternative payment mechanisms need to support early childhood mental health/behavioral health programs available.

- Children aging out of the mental health system at 18.
    - Who is making this determination.
    - Does the client at age 18 have skill set to dispute.
- Change state codes, policies, etc. so treatment is accessible
    - Examples:
        - Licensed Therapists/Psychologist reports
        - Doctors report
        - Not recaps that can be uninformed, uneducated, or potentially biased.

Context

- Stigma whole health
- Must create a culture that understands these issues
- What are we doing about the stigma of mental illness, depression, etc.
- Relationships/Trust to seek help
  Not Reached/At Risk
- Some families are reluctant to seek out mental health community supports (costs, fears).
- Educating and promoting available services to the community may help break this barrier
  Not Reached
- Children/adolescents are at risk for developing substance use disorders and associated legal problems.
- Increasing education and access to these services may help address this issue.

Holistic Care Coll.

- Medicaid/Insurance billing for children/family therapy-to support parents and children.
- Electronic files for children in foster care
- Need a centralized record system for foster kids to ensure records aren't lost
- Form long-term state/local personnel teams to address gaps to take to leadership.

- A common language and common or shared funds for Behavioral/social/emotional needs is utilized.
- Prevalence of SUD should be noted as distinct issue within MH.
- Education Awareness: Stigma reduced to a level where behavioral interventions from PCR clinic/schools/CMHC's are encouraged and accepted.

Holistic Community Based Care

- Community wide education and involvement
- People are "changed" in context of comm../relation
- Services cross home and school—where they are!
- In Home Therapy
- Mental Health Mentoring
- The number of children being born to mothers who don't have the resources to provide

Access

- Transportation
- Parents lack the skill set to navigate the system
- I would like to know the specific locations in KS where interventions for offenders work the best. Then find out why and implement where possible.
- Make sure services (MH) are available in all schools